

**OFFICE OF CANNABIS MANAGEMENT**

915 I STREET, 1stnd Floor
SACRAMENTO, CA 95814
(916) 808-8955

Remit this form to the address above with:
A copy of the completed State of California Request for Livescan Form
A legible copy of the applicant's valid (not expired) government issued identification

CANNABIS EMPLOYEE/INTERESTED PARTY BACKGROUND AUTHORIZATION FORM

PRINT FULL NAME		
DAYTIME PHONE	EMAIL ADDRESS	
CURRENT RESIDENCE ADDRESS		
DRIVER'S LICENSE	DATE OF BIRTH	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AN <input type="checkbox"/> OWNER OR HAVE <input type="checkbox"/> 20% OR MORE INTEREST IN COMPANY?	TYPE OF BUSINESS <input type="checkbox"/> Cultivation <input type="checkbox"/> Delivery <input type="checkbox"/> Dispensary <input type="checkbox"/> Distribution <input type="checkbox"/> Manufacturing <input type="checkbox"/> Testing Lab <input type="checkbox"/> Microbusiness	
BUSINESS NAME		
BUSINESS PHONE	BUSINESS ADDRESS (INCLUDING SUITE NUMBER)	
Are you familiar with the ordinances of the City of Sacramento and the laws of the State of California pertaining to the application? <input type="checkbox"/> YES I AM <input type="checkbox"/> NO I AM NOT		
HAVE YOU EVER BEEN CONVICTED OF A CRIME: (Include convictions by verdict, plea of guilty, plea of no contest, fines paid, diversion programs completed including DUI). <input type="checkbox"/> NO <input type="checkbox"/> YES (give the date of the arrest, offense you were charged with and the city or jurisdiction)		
APPLICANT SIGNATURE		
I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY FALSE OR MISLEADING ANSWER WILL RESULT IN THE DENIAL OR REVOCATION OF ANY PERMIT. I UNDERSTAND THAT VERIFICATION OF THE ACCURACY OF THE PRECEDING INFORMATION IS A MATTER OF PUBLIC RECORD AND MAY BE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.		
Signature of Applicant: _____		DATE: _____